

Valuing First Nations Cultures in Cost- Benefit Analysis

Presentation to Australian Evaluation Society
International Evaluation Conference

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Acknowledgement of Country

We acknowledge that Aboriginal and Torres Strait Islander peoples are the First Peoples and Traditional Custodians of Australia, and the oldest continuing culture in human history. We pay respect to Elders past and present and commit to respecting the lands we walk on, and the communities we walk with.

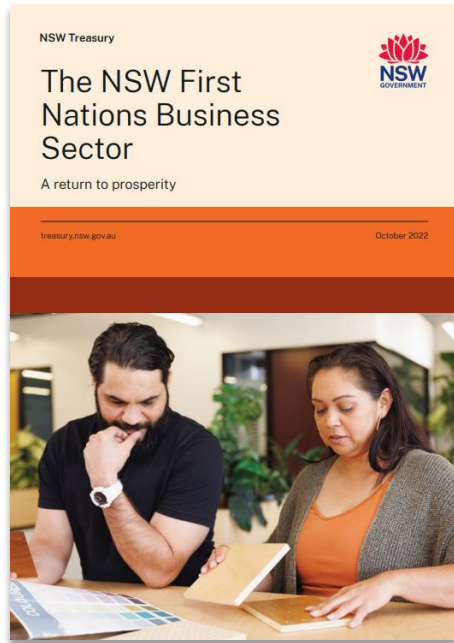
Artwork:

Regeneration by Josie Rose

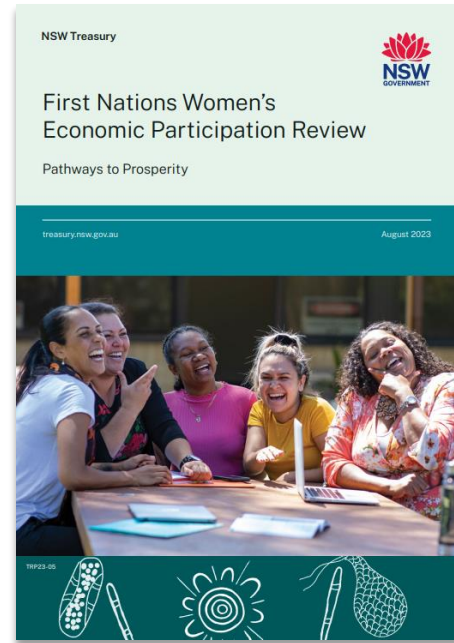


First Nations Economic Wellbeing at NSW Treasury

NSW First Nations Business Sector Report



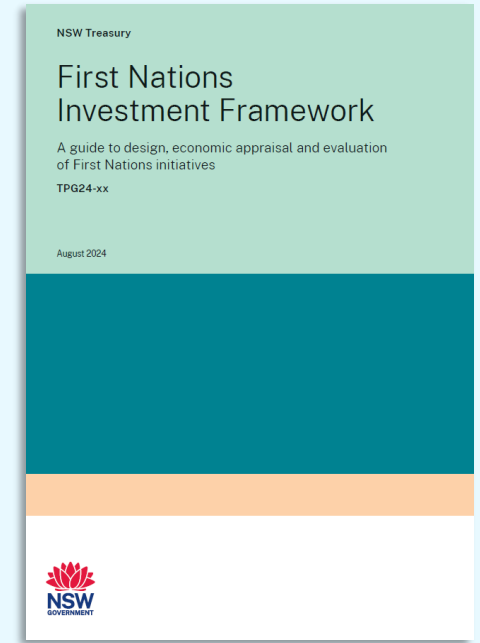
First Nations Women's Economic Participation



Data reform

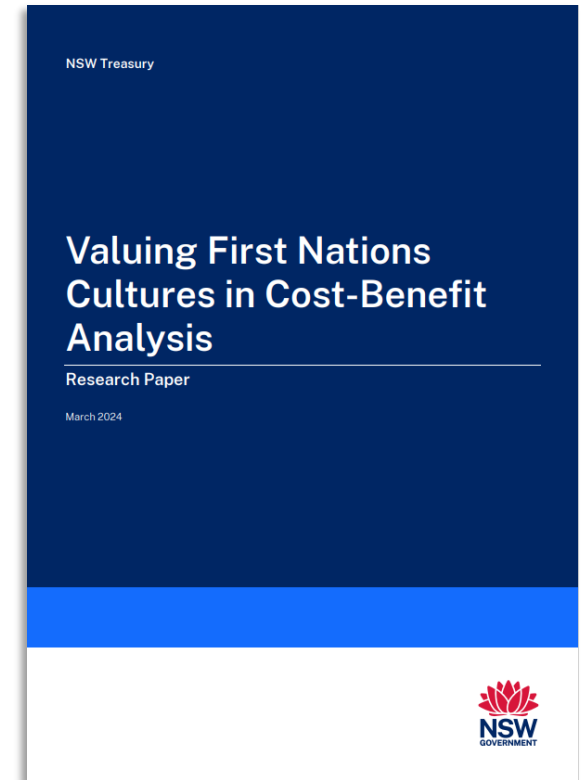


First Nations Investment Framework



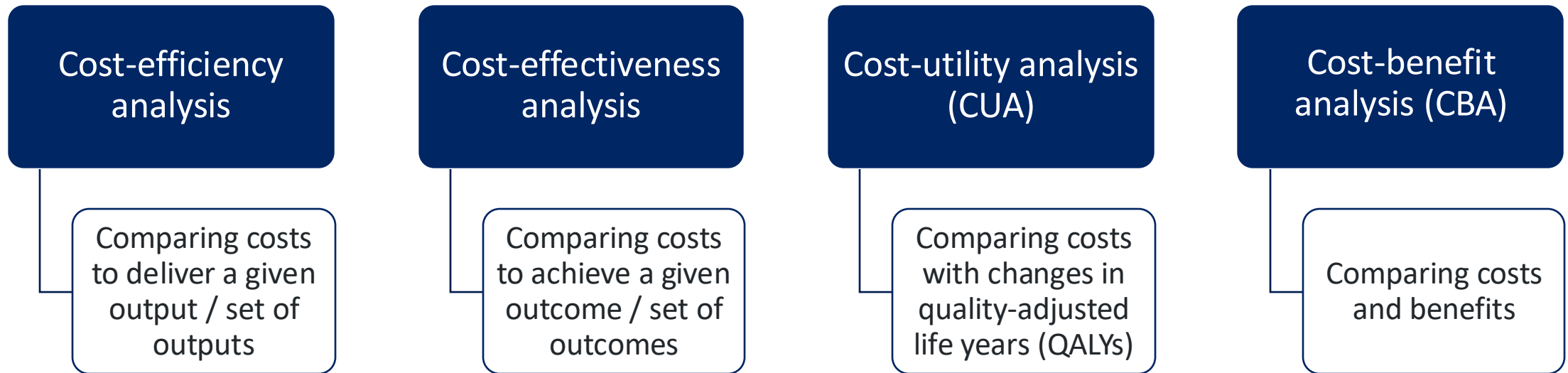
Overview

- 1) The role of cost-benefit analysis (CBA)
- 2) Identifying cultural **inputs** and cultural outcomes
- 3) The influence of First Nations cultures on outcomes
- 4) Opportunities to improve future CBAs
- 5) New guidance – the First Nations Investment Framework



[Read the paper at this link.](#)

Why use cost-benefit analysis?



Best placed for comparing options with different types of benefit streams

What is involved in a cost-benefit analysis?

Scenario development

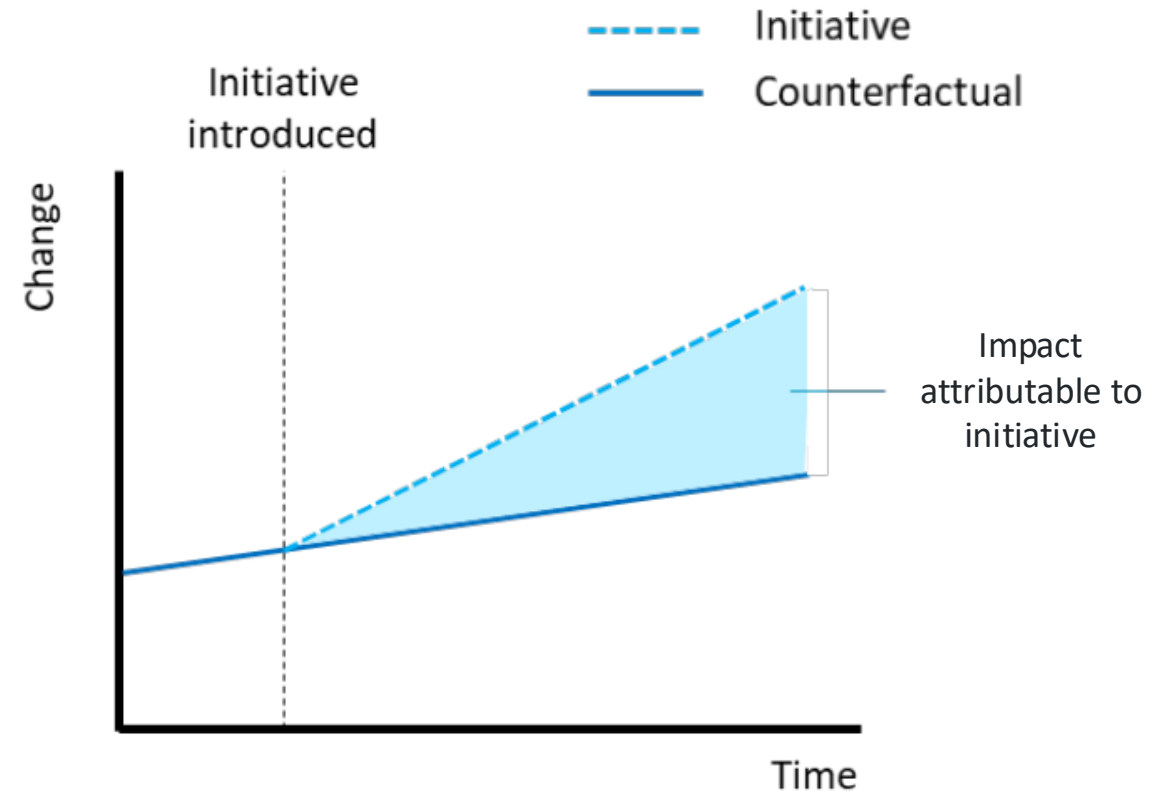
- State objectives, informed by case for change
- Define base case
- Develop options

Analysing the impacts

- Identify all costs and benefits
- Forecasting
- Valuing

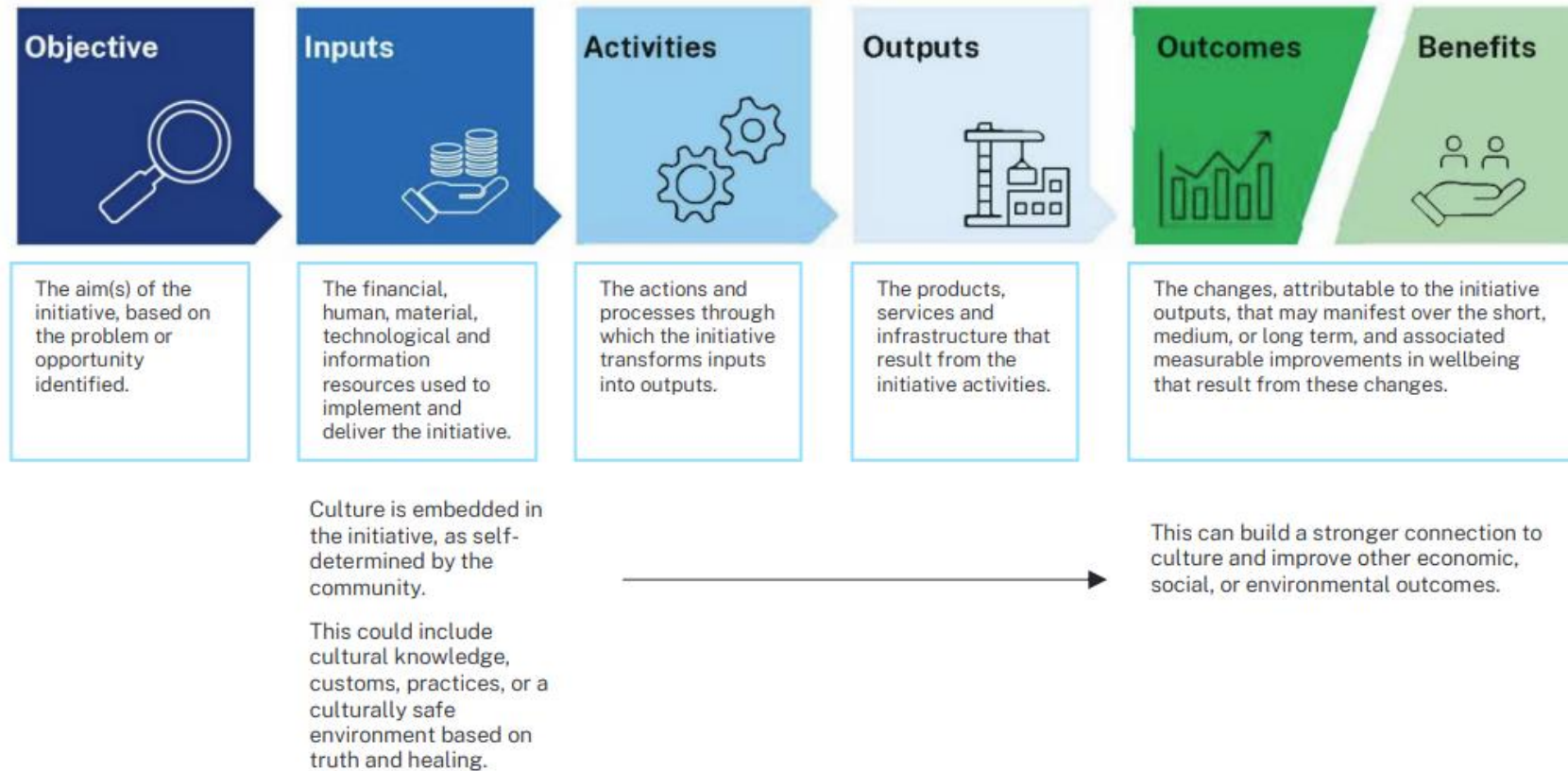
Calculating and interpreting results

- Assess net benefit
- Conduct sensitivity analysis
- Assess distributional and equity impacts
- Report findings



CBA can value cultural inputs and cultural outcomes

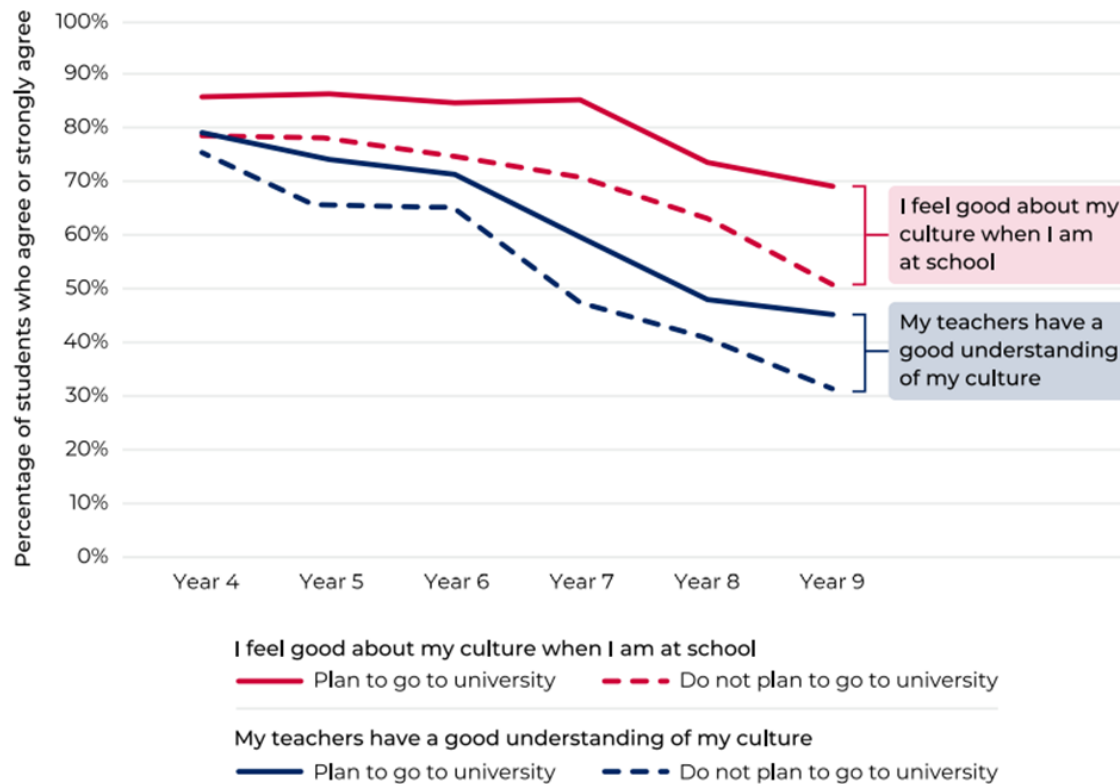
Figure 4: Culture as both an input and outcome in a program logic



Source: Adapted from NSW Treasury 2023a.

Evidence on the influence of culture - examples

Feeling good about culture at school



Source: Tell Them From Me student survey.

NSW Centre for Education Statistics and Evaluation (2021)

Articles

Effect of a Birthing on Country service redesign on maternal and neonatal health outcomes for First Nations Australians: a prospective, non-randomised, interventional trial

Sue Kildea, Yu-Guo, Sophie Hickey, Carmel Nelson, Sue Kruske, Adrian Carson, Jody Currie, Maree Reynolds, Kay Wilson, Kintie Wietgen, Jo Costello, Vietor Roe

Summary
Background There is an urgency to redress unacceptable maternal and infant health outcomes for First Nations families in Australia. A multi-agency partnership between two Aboriginal Community-controlled health services and a tertiary hospital in urban Australia designed, implemented, and evaluated the new Birthing in Our Community (BIOC) service. In this study, we aimed to assess and report the clinical effectiveness of the BIOC service on key maternal and infant health outcomes compared with that of standard care.

Methods Pregnant women attending the Mater Mothers Public Hospital (Brisbane, QLD, Australia) who were having a First Nations baby were invited to receive the BIOC service. In this prospective, non-randomised, interventional trial of the service, we specifically enrolled women who intended to birth at the study hospital, and had a referral from a family doctor or Aboriginal Medical Service. Participants were offered either standard care services or the BIOC service. Prespecified primary outcomes to test the effectiveness of the BIOC service versus standard care were the proportion of women attending five or more antenatal visits, smoking after 20 weeks of gestation, who had a preterm birth (<37 weeks), and who were exclusively breastfeeding at discharge from hospital. We used inverse probability of treatment weighting to balance confounders and calculate treatment effect. This trial is registered with the Australian New Zealand Clinical Trial Registry, ACTRN12618001365257.

Findings Between Jan 1, 2013, and June 30, 2019, 1867 First Nations babies were born at the Mater Mothers Public Hospital. After exclusions, 1422 women received either standard care (656 participants) or the BIOC service (766 participants) and were included in the analyses. Women receiving the BIOC service were more likely to attend five or more antenatal visits (adjusted odds ratio 1.54, 95% CI 1.13–2.09, p=0.0064), less likely to have an infant born preterm (0.62, 0.42–0.92, p=0.019), and more likely to exclusively breastfeed on discharge from hospital (1.34, 1.06–1.70, p=0.014). No difference was found between the two groups for smoking after 20 weeks of gestation, with both showing a reduction compared with smoking levels reported at their hospital booking visit.

Interpretation This study has shown the clinical effectiveness of the BIOC service, which was co-designed by stakeholders and underpinned by Birthing on Country principles. The widespread scale-up of this new service should be prioritised. Dedicated funding, knowledge translation, and implementation science are needed to ensure all First Nations families can access Birthing on Country services that are adapted for their specific contexts.

Funding Australian National Health and Medical Research Council.

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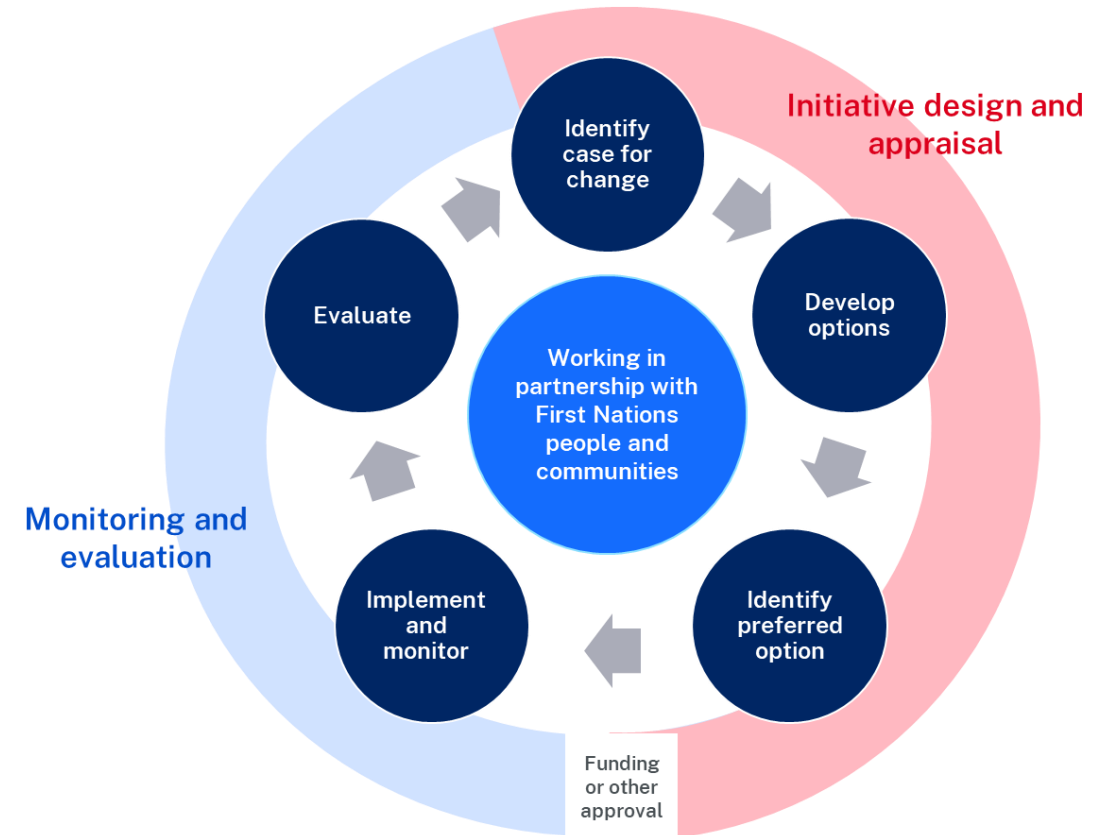
Introduction
With little improvement in over a decade, innovative services are urgently needed to redress unacceptable maternal and infant health disparities for Aboriginal and Torres Strait Islander (hereafter called First Nations) families in Australia. Mortality of children younger than 5 years is not reducing in line with national targets set in 2008, when Australian governments pledged to close the gap in life expectancy, health, education, and employment outcomes between First Nations individuals and other Australians. Most (85%) child deaths occur in the first year of life, about half (49%) of which are due to perinatal conditions such as preterm birth, which occurs in First Nations mothers at twice the rate of other Australians (14.2% vs 8.5%) and has remained static since targets addressing these issues were set in 2008 by the Closing the Gap framework.^{1,2} In 2019, the National Strategic Directions for Australian Maternity Services³ recommended developing and implementing culturally safe, evidence-based models of care in partnership with First Nations communities underpinned by so-called Birthing on Country principles.⁴ Culturally safe maternity care encompasses the entirety of a woman's needs (physical, psychosocial, spiritual, emotional, and cultural), with culturally safe practitioners treating women with respect

www.thelancet.com/lancetgh Vol 9 May 2021 4651

Source: Kildea et al. (2021)

Opportunities to improve current practice

- 1) Genuine partnership from early stages
- 2) CBA specific methodological guidance
- 3) Investment in research, outcome evaluations and ex-post CBAs



Applying the First Nations Investment Framework

